

January 2002



Arizona State Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

Season's Greetings

Arizona State Board of Pharmacy members and staff wish everyone a happy, prosperous 2002 that brings good health, good will, and peace on earth.

Recognition

It is normal for a parent, relative, or friend to revel in the accomplishments of a relative or close acquaintance. Today it is the Board of Pharmacy that is reveling. One of our own has reached the pinnacle in a national pharmacy association. Today we are as proud as can be. Board member and two-term president of the Arizona Board Gerald "Jerry" Ritt, will serve as the president of the American College of Apothecaries from 2001 to 2002.

Mr Ritt, a 1967 graduate of Drake University Pharmacy School, is the owner of Ritt Medical, Inc, which operates several pharmacies in the Phoenix area. In addition to his involvement with the American College of Apothecaries (ACA), Jerry is a member of the Dean's Advisory Council at the Midwestern University College of Pharmacy in Glendale, Ariz, and the Arizona Pharmacy Association. Congratulations and best wishes for a successful and productive year as president of ACA.

Administrative Rules – Update and Information

Following the distribution of the October 2001 *Newsletter*, the phone calls to the Board office increased noticeably. Callers were inquiring about when the "new rule" that pharmacy interns may transfer prescriptions between pharmacies went into effect! This comment is directed to all those who called about that issue. For a profession that is taught to **carefully read prescription orders for accuracy and correctness**, it is very surprising how many failed to read the word "**proposed**" preceding the description of the rule. Please note: the rule is not in effect until it is approved by the Governor's Regulatory Review Council (GRRC). "**Proposed**" means **to put forward for consideration**. "**Promulgate**" means **to put into effect**. There is a difference. The point of all this is to stress the importance of reading for detail, not only when it involves prescriptions. For those who are still reading this article, here are additional developments in the area of administrative rules that took place at the November Board of Pharmacy meeting:

- ◆ The Board was presented with the "first draft" of **proposed** revisions to the existing Hospital Rules. Generally speaking, the **proposed** revisions will both reduce the length of the existing rules and will contemporize concepts and verbiage consistent with practice standards.
- ◆ Another **proposed** rule revision addresses the area of pharmacist licensure. This rule package was approved by the Board to be sent to the GRRC for its review and action at its January 2002 meeting. In summary, it **proposes** to increase pharmacist

and pharmacy renewal fees and provides a clarification relevant to the pharmacy law examination fee.

- ◆ **Proposed** Drug Therapy Management rules, also known as Collaborative Practice rules, were also reviewed for the first time by the Board. Staff will revise the first draft and return it for additional review by the Board at its January 2002 meeting.
- ◆ The (infamous) Intern/Preceptor rules (see second sentence in this section) were discussed. The Board was advised that comments from one national pharmacy association were considered substantive changes (by GRRC) and would delay implementing the **proposed** rule by several months. The Board opted to incorporate the changes that would **not** require additional GRRC review and consent; therefore, these **proposed** rules were approved by the Board to be sent to GRRC for consideration at its January 2002 meeting. Watch the April 2002 *Newsletter* for further information. Limited space in this publication requires brevity; full text of the above rules can be found on the Board's Web site at www.pharmacy.state.az.us.

More November 2001 meeting information of note: an Arizona compounding pharmacist appeared before the Board for a nondisciplinary conference pursuant to two consumer complaints relevant to prescription compounding. It is important for readers to know and understand the parameters that apply to prescription compounding. Briefly, pharmacists may engage in prescription compounding provided a physician writes a prescription that is **not** identical to a product that is a commercially manufactured prescription drug, and the pharmacist does not promote (advertise) a particular compounded product to practitioners or the public. Some have described prescription compounding as the "art of the apothecary." Others have said it is a pharmacist's "birthright," the very essence of the profession and the origin of separation of pharmacy from medicine centuries ago. Still others have implied that pharmacist compounding is a "lost art" and there is no justification for compounding in the 21st century. Regardless of your position, the Board's rules on Good Compounding Practices clearly spell out the "dos" and "don'ts" of prescription compounding in Arizona. The pharmacist conference (referenced above) was the result of an allegation that a pharmacist was practicing outside the parameters of the law (rules). If you have not read them and are interested, visit our Web site for a full text review of R4-23-410 in the "Administrative Rules."

Bioterrorism

Before September 11, 2001, the word "bioterrorism" was rarely seen, and in your editor's recollection never associated with pharmacy. Our country, indeed the world, and even our profession has dramatically changed since the dreadful events of September 11, 2001. What once was thought to be a foreign menace has become

Continued on page 4

Continued from page 1

as real as Sunday dinner to Americans from coast to coast. The Board of Pharmacy staff has attended seminars and sat in on planning meetings to prepare for a biological or other medical disaster. For the Board to be an effective part of the bioterrorism task force, we will need rank and file pharmacists to be involved, prepared, and available. An excellent genesis for preparedness would be for each pharmacy in Arizona to commit to drafting a disaster response plan. Such a plan would be helpful not only in the unlikely event of a biological disaster but also for long-term power failures, loss of primary or secondary pharmaceutical suppliers, a large-scale security compromise in the pharmacy, or even a long-term computer failure or database crash. Why not discuss this with the pharmacist-in-charge and pharmacy supervisor and begin as soon as possible to implement a disaster plan for your pharmacy? Feel free to contact the Board's compliance staff, the deputy director, or director for assistance. It's like the old adage: a stitch in time, saves nine. And, as my former preceptor would say, "Do it and then it is done!"

Odds and Ends

Dispensing errors continue to be the most frequent reason for consumer complaints, even with mandatory patient counseling, verifying pharmacists, bar coding, and robotics. Here is a New Year's Resolution for all dispensing pharmacists: first you check it, then you check it again, and then you do the final check. When you counsel a patient, do the "show and tell" routine, ie, open the container, look at the item, then show it to the patient, and do your counseling. Here is a recently related look-alike, sound-alike to be aware of: "Sarafem[®]" and "Serophene[®]" obviously more of a problem as a sound-alike, but knowing the respective dosage forms and strengths will also help prevent errors.

Midrin[®] has been added to the controlled substance C-IV category by the Drug Enforcement Administration. The Board of Pharmacy has submitted a request to the Arizona Legislature for the 2002 session to add dichloralphenazone, an ingredient in Midrin[®], to the state controlled substances C-IV schedule. All pharmacies should have added Midrin[®] to the controlled substance inventory as of September 17, 2001. Any questions? Contact your compliance officer.

It is only fitting and proper that the *Newsletter* issue immediately following license renewal should carry a reminder to pharmacists. According to laws/rules, you are required to notify the Board of Pharmacy, in writing, within 10 days of a change in practice or mailing address and within 24 hours for a change of a pharmacist-in-charge. Notices may be personally delivered to the Board office, sent by US Mail, by fax 623/934-0583, or by visiting the Web site and completing the change of address/employment form online. No e-mails please!

Disciplinary Actions

Board of Pharmacy

Harold Shapiro #10298 – license reinstated July 27, 2001.

Kim Tabeling # 7268 – license revoked September 6, 2001.

Mansur Oloumi # 11733 – five-year probation, Pharmacists Assisting Pharmacists of Arizona (PAPA) contract, September 6, 2001.

Robert Skaggs # 9014 – one-year probation and a fine, September 6, 2001.

Christine Perry # 6383 – five-year suspension (may request reinstatement July 11, 2002), five-year PAPA contract.

Jamie Casillas # 3261 – one-year probation and fine, September 6, 2001.

Jerry Gillick # 11560 – monetary fine, November 15, 2001.

Board of Medical Examiners

Kelly S. King (Schmidt) MD # 26929 – surrendered license effective October 12, 2001.

Gordon Holt, MD # 10125 – license summarily suspended pending formal hearing as of October 12, 2001.

Henry Bock, MD # 8380 – shall not prescribe CII or CIII substances until Board of Medical Examiners approves, dated October 12, 2001.

Steven M. Shaw, MD # 15173 – not practice medicine or prescribe medications as of November 5, 2001.

Board of Osteopathic Examiners

Brian Finkel, DO # 1830 – license summarily suspended effective October 15, 2001

Eugene Hannibal Pardi, DO # 2221 – license summarily suspended effective August 20, 2001

Notice

Before making a prescription dispensing decision pursuant to information reported in this issue, you are advised to verify the current condition of a license with the appropriate licensing agency (Board).

Page 4—January 2002

The *Arizona State Board of Pharmacy News* is published by the Arizona State Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote voluntary compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of the Foundation or the Board unless expressly so stated.

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National Association of Boards of Pharmacy Foundation, Inc